

NOTICE OF INDEPENDENT REVIEW DECISION

Date: October 31, 2003

RE: MDR Tracking #: M2-03-1344-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Pain Management physician reviewer who is board certified in Pain Management and has an ADL Level 2. The Pain Management physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

___ was injured on ___. At the time she was sitting on a bench, when the bench broke and she felt back, hitting the concrete floor with her tailbone and striking the corner of the bench. She has been evaluated by ___ who has diagnosed her with multi-level discogenic pain and also facet arthropathy. The claimant had imaging studies which do show very mild anular bulging at L3-4, L4-5 and L5-S1 with no neurological impingement. It also showed facet arthropathy at the L4-5 level. The claimant has been deemed a non-surgical candidate because of multi-level disc disease and also is not a good candidate for IDET, again because of multi-level disc disease. The claimant did undergo intraarticular facet injections in June of 2002, bilaterally at L4-5 and L5-S1. The claimant had 50% immediate pain relief but after one week, had only 20% reduction in her pain complaint. At the time ___ stated in her follow-up note "because she did not receive a significant amount of relief, I am recommending a lumbar epidural steroid injection to see if this is able to get more significant improvement of her pain." The claimant then underwent an epidural steroid injection which provided only 10% alleviation of her pain complaints.

Requested Service(s)

Bilateral intraarticular facet injections at L4-5 and L5-S1.

Decision

I agree with the insurance carrier that these injections are not medically necessary.

Rationale/Basis for Decision

Although the claimant does have MRI evidence of discogenic and facet pain and physical examination finding is consistent with this, it is well documented she had no significant long term response to intraarticular facet joint injections done in June of 2002. ___ notes even express this outright. It is therefore, not medically necessary or reasonable to proceed with repeating an ineffective treatment modality.

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.